1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	0
5 mm /		04633 CERTIFICATE OF DEATH	2
the Tunera	M)	PLACE OF DEATH  a. COUNTY  Kent  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admiss as STATE Maryland b. COUNTY Kent	ion
by the and 2 death		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) write RURAL and give nearest lown) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	
d in b	70	Chestertown RFD lifetime X RFD Chestertown, Md.	NCE
filled Page	00	Quaker Neck Queen Anne Hosp. RFD Quaker Neck	
mple papers n 72 h		NAME OF DECEASED (Type or print) Mary Emma Bass Middle Last 4. DATE OF DEATH 4/11/62 19	
d col		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. DATE OF BIRTH 9. AGE (In years   FUNDER 1 YEAR   FUNDER 24 H	
nan car ent,		Telliare Colored WIDOWED XX DIVORCED OCL. 3, 1870 85 YE.	
certifica physiciau a remove any eve		Housewife Kent Co. Md. USA	IKŢ
	1	Richard Hodges  Mary Johnson	
e death lending an pleas	(1)	5. WAS DECEASED EYER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address	
oval		(as, no, or unkown) (Hyesgivawerordetesofservice) none Pearl Smith - Chestertown, Md. RFD	
s that and the mit.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),	H
quire nysic ed b t per		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gastrointestinal hemorrhage (cause unknown 12 hrs	_
sign sign ransi		Conditions, if any, which	
e lav		gava risa to Immadiata cause	
The affect of the second of th		(a), stating the underlying cause last.	
ipital or ifficate e as the r to bu	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(8) 19. WAS AUTOIN PERFORMED YES NO	5.0
HYS b hos s cer or us prio		20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury In Port I or Part II of Item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	
ed this			0
LING He detach		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State factory, straet, office bldg., atc.)  P.m. 19 at work et work	
be d		21. I certify that (I) (this hospital) attended the deceased from 4/10	la
ECTOR: ould be date are Dept.		saw the deceased anye for 4/10	
OR May DIR S sho		NOW THE PROPERTY OF THE PARTY O	TE
RAL BAL Page with th	1	22c, PHYSICIAN'S Doboret LI Forest 22d, ADDRESS	6
A. P. B.	1	Citester town, Fig.	
death death directo	2	Burial (Specify) 4/14/62 Pomona Cemetery near Chestertown, Md.	
VR A15 (4) 15M 9/60	32	Chestertown, Md.   258. REC'D BY REGISTRAR   256. REGISTRAR'S SIGNATURE	
	6	and a 100 Cathur & Keeps	

and the second tall in a second of the length of the land to the land (Seventendary in Assentation of Colorest (1 t ) (b SO NEW WOOD BOND Marin Marin

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01.637 CERTIFICATE OF DEATH

02003				
1. PLACE OF DEATH •. COUNTY Kent	MARYLAND	a. STATE Marylan		nt
b. CITY OR TOWN (if outside corporal write RURAL end give neerest tow RFD Worton, Md.	lifetime	XRFD Worton,	Md. (Colema	an's)
Wilson Nursing E	NOM (if not in hospite), give street address)  Home	d. STREET ADDRESS		a. IS RESIDENCE ON A FARM? YES NOTES
3. NAME OF DECEASED (Type or print) John		Lest 4. DA		2 19
5. SEX 6. COLOR OR Male color 6	1. WARRIED K MARKIED	Aug. 6,1878	9. AGE (In years IF UNDER 1 )  North birthdey)  Yrs.	YEAR IF UNDER 24 HRS.
10e. USUAL OCCUPATION (Give kind of done during most of working life, even if School Bus Own 6	relired)	Kent Co. Ma	TIS	ZEN OF WHAT COUNTRY?
John	ack	Anna	Unkn	nown
15. WAS DECEASED EVER IN U.S. ARME (Yes, no, or unkown) (Ifyesgive werorde NO	20-12-2453	Gough Dorsey	RFD Worton M	d.
	ly one couse per line for (e), (b), end (c).]		1 - 0	ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause		Imonary	oldema	36 h
cause last.	(c) acute lift.	venthen	ar failure	364
PART II. OTHER SIGNIFICANT CO	mellitus	OT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PART	PERFORMED?
Do. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	EATH	D. (Enter natura of injury in Pert I or	Part II of Item 18.)	
ZOc. TIME OF INJURY Month, D. Hour a.m.		ACE OF INJURY (Home, ferm, 2Df. ctory, street, office bldg., etc.)	(City or fown) (Cour	nty) (State)
21. I certify that (I) (this is saw the deceased alive on	rospital) attended the deceased from March 3 / 19 6 2 and the		from the causes and on the	
220. SIGNATURE	1. Joya	M.D. ATTENDING MED.	R PHYS. 4/1	/62 22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) Florer	nce D. Joyce	RFD Worton	n, Md.	
23a. BURIAL, CREMATION, 23b., DAT REMOVAL (Spacify) 4/5/		OR CREMATORY Cem. 23d.	D Worton, Md.	
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC(D, BY	BEGISTRAR 256. REGISTRAR'S	HGNATURE.

filled in by requires that the death certificate be executed within 24 сотрі and col attending physician remove burial-transit

> death, director, be filed director, TO HOS

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Chestertown, Ma. DATE

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MARYLAND STATE DEPARTMENT OF HEALTI		MARYLAND	STATE	DEPARTMENT	OF	HEALTH
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04635 CERTIFICAL RESEARCH AND RECOR	TE OF DEA		04634
1. PLACE OF DEATH 100M 0 F12M 2 COUNTY Kent Maryland	a. STATE Ma		I, If institution, Residence before edmission COUNTY Kent
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nessest town)  Rock Hall  Litetime	Rock Ha	4 4	write RURAL and give neerest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRE	SS	e. IS RESIDENCE ON A FARM? YES NOTE
3. NAME OF DECEASED (Type or print)  State of Print Middle Build B	lake		1/62 Day Year
female   6. COLOR OR RACE   7. MARRIED   NEVER MARRIER     NEVER MARRIER     NEVER MARRIER   N	8. DATE OF BIRTH 2/10/1891	1892 9. AGE (In you last birthd	1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if reflired)  Laborer domestic & other	Kent Co	ounty & Siete, or foreign cour Md	12, CITIZEN OF WHAT COUNTRY USA
William Blake	Augus	ta Hynson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes, no, or unknown) (Hypesgive were or defessof service) 218-16-9652	Walter Cla	rkson Rock	Hall, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]  PART I, DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e)  Cerebral He	morrhage		INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if eny, which gove rise to immediate cause			
[e), sleting the underlying DUE TO ceuse last. (c)		<u> </u>	
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  206. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING CAUSE OF DEATH  OF CONTRIBUTING CAUSE OF DEATH			PERFORMED?
	RED. (Enter neture of Injury	in Pert I or Pert II of Item 18,)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. F. While Not While at work 19 at work 19	PLACE OF INJURY (Home, I factory, street, office bldg.,	etc.)   City or town)	(County) (State)
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on4/20/6219, and the			
220. SIGNATURE	M.D. ATTENDING PHYS, XX	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) Eugene Kester		Hall, Md.	garan arang garang arang garang g
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER 4/23/62 Sharptown		near Rock	
24 FUNERAL PIRECTOR'S HIGHATURE Chestertow	m Md		REGISTRAY'S SIGNATURE

the second secon The state of the s MADVIAND STATE DEDARTMENT OF HEALTH

		MINITED OF		
DIVISION OF STATISTICAL RE	SEARCH AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE 1,	MARYLAND
04636	CERTIFICATE	OF DEATH		04635

1. PLACE OF DEATH a. COUNTY Kent MARYLAND	a. STATE  Maryland  2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) b. COUNTY  Kent
b. City OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Chestertown  c. LENGTH OF STAY IN 1b  10 days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest lown)  Rock Hall
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Kent & Queen Anne's Hospital	d. STREET ADDRESS  West Sharp Street    On A FARM?   YES
3. NAME OF First Middle  (Type or print) Emily Marv	Bryden death 4 14 19 62
	B. DATE OF BIRTH  9. AGE (In years   F UNDER 1 YEAR   IF UNDER 24 HRS.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Teacher  13. FATHER'S NAME	Rock Hall, Maryland U.S.A.
Lewin S. Blackiston  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	Mary Elizabeth Freburger
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the underlying DUE TO  Cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	ONSET AND DEATH  1 year  OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES I NO I
OR CONTRIBUTING CAUSE OF DEATH  OF CHARLES OF DEATH	D. (Enter nature of injury in Pert I or Pert II of item 18.)  ACE OF INJURY (Home, larm, 201. (City or town) (County) (State) clory, streat, office bldg., atc.)
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	ATTENDING MED. DIRECTOR PHYS. 122b. MATE SIGNED PHYS. 15-6 2
22c. PHYSICIAN'S NAME (Type)  A.T. KEFE JR MID  23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 123d. LOCATION (City, town or county) (State)
REMOVAL (Specify)  Burial  1/17/62  Wesley Ch  ADDRESS  Warrin V. Williams, Chestertown, Md	Rock Hall, Maryland   250. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE

TO HOSTIAL OR A DING PHYSICIAN: The law requires that the death certificate be executed within 24 death. See 4 may be a fined by the hospital or attending physician.

S > TO FULZAL DIRECTOR: After this certificate has been signed by the attending physician and completed in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deaf

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH bluods Item 8 Film G312 7. USUAL RESIDENCE (Where dacesad lived, If institutions Rasidance before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Kent Md. # 7 7 T MARYLAND 0 b. CiTY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporeta limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 2 De write RURAL and give nearast town) Galena Rural Galena Rural 5 Pell d. STREET ADDRESS a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES NO 3. NAME OF First Last 4. DATE Month Day Yeer DECEASED OF mple pap (Typa or print) DEATH Emory 19 Camp April 0 carbon 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 1885 last birthday) Months Dave Male WIDOWED DIVORCED May, 24. 76 1Da. USUAL OCCUPATION (Giva kind of work physician 10b, KIND OF BUSINESS OR INDUSTRY | 1), BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, avan if ratired) Farmer Own Farm U.S.A. Farmer Md. 13. FATHER'S NAME attending pl 14. MOTHER'S MAIDEN NAME C and Emory H. Camp Sarah L. Wilson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) ( If yes give wer or dates of service) Galena. 215-36-8024 Mrs. Elva H. Camp. 0 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c), infarction INTERVAL BETWEEN 2 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute coronary occlusion with massive myocardial 10 mh IMMEDIATE CAUSE (a) ficate has been signed as the burial-transit to burial, cremation. DUE TO Coronary artery dissease 2 years Conditions, if env. which (6) geve rise to immediate ceuse DUE TO (a), slating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY hospital PERFORMED? NO DO 2Da. ACCIDENT WAS UNDERLYING [] | 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH DIRECTOR Affer this 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 1 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Steta) fectory, street, office bldg., alc.) While Not While Hour e.m. at work at work 62 to 23 Apr 1962, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from Jan 3 saw the deceased alive on 23 19 62, and that death occurred at 6:30, All the causes and on the date stated above. Apr 22b. DATE 22a. SIGNATURE SIGNED ATTENDING FUNKRAL 1 ector, page 3 filed with the PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Cocilton, Md. director, be filled Wallace Obemsbahin (Obenshain) 23d. LOCATION (City, fown or county) 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stete) REMOVAL (Specify) OL April, 26, 1962 Galena. Galena Cemetery \_Kent\_Co: Burial 24 FUNERAL DIRECTOR'S SIGNATURE 258, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

executed

death certificate

The law requires that the

MARYLAND STATE DEPARTMENT OF HEALTH

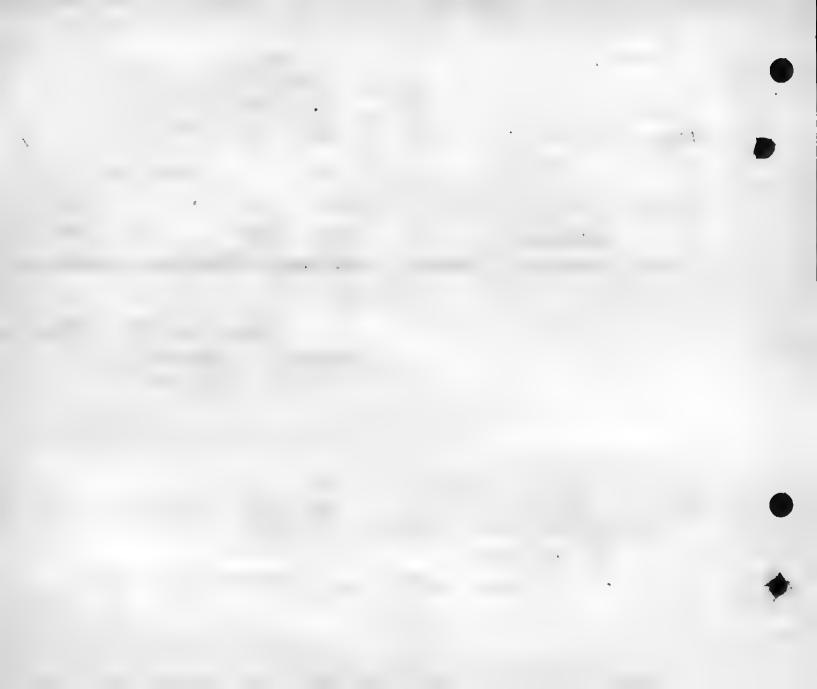
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1/6 1	1	CERTIFI	CATE OF DEATH	Reg. Dist. NO4637
il director f.led with	M	D COUNTY FACTOR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN	NEW JERSEY	If institution Residence before admission) b COUNTY
by the funeral	X	DRAL and give nearest 10(m)  OCK HAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION	SALEM  d STREET ADDRESS	mits, write RURAL and give nearest town)  ### ### ### ########################
fille ges I on		3 NAME OF DECEASED (Type or print) NORMAN JOB	DENN 4. DATE OF DEATH	APRIL 15 1962
oletely rs. Pa		S SEX  6 COLOR OR RACE  7 MARRIED NEVER MARRIED DIVORCED  DIVORCED	1 d d n n 1001 los	GE (In years IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min
and component papers of death.		100 USUA. OCCUPATION (Give kind of work dane 10b KIND OF BUSINESS OR Induring most of working life, even if retired)  13. FATHER'S NAME.	NEW JERSE	USA
carl	T	JOB DENN		RAVES
ng physici e remove 72 hours		15 WAS DECEASED EVER IN U. 5 ARMED FORCES? 16. SOCIAL SECURITY NO.  (16s. no. or unknown) (1f yes, give wor or dates of service)  YES W.W. I 152-16-1013	MRS. VIRGINIA DENN	ROCK HALL MD.
ottendi ottendi within		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (c)	era Elema	INTERVAL BETWEEN ONSET AND DEATH
gned by the permit. The		Conditions, if any, which gove rise to immediate couse (c), stating the under-	coculer .	
of-trons t aval, and	Û	PART II OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH	on Calerro Scher BUT NOT RELATED TO THE TERMINAL DISEASE CON	
icate h he bur or rem			PRRED. (Enter nature of injury in Part 1 or Part 11 of	item 18.)
this certifier use as tremation,		20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 19 While Not while at wark of wark 19 wark 19 wark 19	PLACE OF INJURY (Home, farm, 20f (City or to factory, street, affice bldg , etc.)	(County) (Stat
TOR: After detached fo ta burial, cr		m 1 + 2/1+1		, 1962 that I last saw the decease causes and an the date stated above the city or town, state)  DATE SIGNI
<b>IERAL DIREC</b> 3 should be gistror prior		PHYSICIAN'S NORBERT-C-NITSCH-	MD ROCK-HAL	- 4/16/62 L. MO- 4/16/62
FUN oge e re		220. BURIAL, CREMATION 226. DATE THEREOF 220. NAME OF CEMETER	Y OR CREMATORY 22d LOCATION	(City, town, or county) (State)
o		23 ENERAL DIRECTOR'S SIGNATURE Church Will	Ma 24a. REC'D BY REGISTRAR DATE APR 1 8 '62	24b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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1	tem 2 See birth cert MARYEAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIM  CERTIFICATE OF DEATH	04638
a though the standard of the s	1. PLACE OF DEATH KENT  a. COUNTY  MARYLAND  2. USUAL RESIDENCE (Whare deceased lived, H  PENNA. / MARYLAND S. COUNTY	
X CONTRACTOR		TTSBURGH 7-x
rage cours a	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  KENT+QUEEN ANNE'S HOSPITAL  ###################################	Circle on a FARM?  YES NO W
pape.	3. NAME OF DECEASED (Type or print)  BAB Middle ESHMAN OF DEATH APA	211 20 1962
and col carbon nt, withi	5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last burthday)  MALE WHITE WIDOWED DIVORCED APRIL 20, 1967 Last burthday)  yrs.	Months Days Hour Months
hysician remove any eve	10a. USUAL OCCUPATION (Give kind of work done during most of working the aven if refred)  **LEWBORN**  10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country)  **LEWBORN**  10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country)  **LEWBORN**  10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country)	U.S. BORN
please I	CHARLES EFFINCER ESHMAN IR MARGARET GERTRU	OS SCHEELER
Then ples	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO.1 17 INFORMANT (Yas, no, or unknown) (Hyas give war or dales of service) CHARLES E. ESHMAN JR.	CHESTER TOWN M
ysician.	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ]  PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSE AND DEATH
ding ph signi transit	Conditions, A which (b) DUE TO (23 weeks gestatt	on)
affenc has ber buria eial, cr	gave rise to immediate cause (a), stating the underlying DUETO (cause last.	ms
spital ol hificate or to bu	PART   OTHER SIGNIFICANT COND, TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D.SEASE CONDITION GIVE TO THE THE TERMINAL D.SEASE CONDITION GIVE TO THE TERMINAL D.SEASE CON	VEN IN PART 1(a 19. WAS AUTOPSY PERFORMED?
the ho this cer of for us	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW NIJURY OCCURED. (Entar nature of injury in Part I or Port II of Itom 18 ) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
Affer detached	20c. TIME OF INJURY Month Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Homa, farm, 20f. (City or town) Hour s.m. While Not While lactory, street, office bldg., atc.)	(County) (Stata)
be r CTOR uld be to Dept	21 I certify that (1) (this hospital) attended the deceased from	and on the date stated above
L OR 4 may L DIRE	228. SIGNATURE JUDIANAL MD. ATTENDING MED STAFF PHYS. DIRECTOR PHYS [	22b. DATE SIGNED
or, page	226. PHYSICIAN'S O. S. GULBRANDSFN, MD CHESTERTOWN	J, MD.
death.	233K BUR AU CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, to REMOVAL (Spec by) 4/21-62 It Paul Dwar Che	who or county) (State)
VR A15 (4)	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Church Hill Indate APR 2 62	G STRAR'S SIGNATURE
	2-064694	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04648 I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admiss on) a. COUNTY **b.** COUNTY Kent Maryland Kent MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs'de corporete limits, write RURA, end give nearest town) write RURAL end give neerest town) Chestertown Chestertown lifetime d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS m. (5 RESIDENCE ON A FARM? Calvert St. YES NOTES Calvert St. 3. NAME OF M ddle Last Month Yee DECEASED DEATH Apr. 1962 Rebecca (Type or print) Frisby 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS 8 DATE OF BIRTH last b rthdey) | Months | Deys colored female Mar. 14, WIDOWED KK DIVORCED [ 10e. JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. B PTHPLACE County & State, or lore-gra country' 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Queen Anne, Co. Md. USA Housewite he attending pl Then please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Elizabeth Thomas William Goldsboro 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yas, no, or unkown) (Ifyesg vewerordetasofservice) Fannie Wilson Cal. St. Chestertown, Md. nome 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c) ] INTERVAL BETWEEN Coronary Thrombosis ONSET AND DEATH PART I. DEATH WAS CAUSED BY: one IMMEDIATE CAUSE (a) DUE TO Coronary arteriosclerosis 7 years Conditions, if any, which geve rise to immediate cause **DUE TO** (a), steting the underlying PART II, OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e). 19. WAS AUTOPSY PERFORMED? Congestive heart failure NO K 208. ACCIDENT WAS UNDERLYING FT 20b. DESCRIBE HOW ,NJURY OCCURED, (Enter neture of 'njury in Pert I or Pert II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. NJURY OCCURRED 2De. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF (NJURY Month, Dev. Year (County) (Stete) fectory, street, office bldg., etc.) While Not While Hour a.m. al work at work p,m. 21. I certify that (I) (this hospita) attended the deceased from........... 19 62 and that death occured 01:30 P, from the causes and on the date stated above 4/8 saw the deceased alive on.. 22b. DATE 22e. SIGNATURE 1969NED ATTENDING. DIRECTOR M.D. 122d. ADDRESS 22c. PHYSICIAN'S Robert W. Farr NAME (Type) Chestertown, Md. 23a. BURIAL, CREMATION, 23b. PATE THEREOF 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) REMOVAL (Specify) 4/12/62 Janes Cemetery - B near Chestertown Md. Burial 0 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S MGNATURI ADDRESS VR A15 (4) Chestertown, Md. 15M 9/60 Colling & Kraus



DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND 94641 04640 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) funeral dire. a. COUNTY Kent o. STATE Maryland b. COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 RUM and sir er rowh RFD Bigwoods Worton d. NAME OF HOSPITAL (If not in hospital, give street address) e IS RESIDENCE ON A FARM? d STREET ADDRESS Kent & Queen Anne Hospital YES NO GEN NAME OF 4. DATE Middle Day Month DECEASED Vilda Olivia Johnson DEATH (Type or print) +N SON 10 IF UNDER 1 YEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years SEX last birthdoy) Months Days Hours WIDOWED | DIVORCED [ 40 12 CITIZEN OF WHAT COUNTRY? 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) **USA** none Kent Co. Md. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Samuel Johnson Helen Wilmer 17 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Helen Wilmer Johnson -RFD Worton, Mc no no low requires that the death INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) and **DUE TO** igned by permit. remayal, Conditions, if any, which (b) gove rise to immediate DUE TO couse (a), stating the underite has been sig lying couse lost. physician WAS AUTOPSY PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 emation. PERFORMED? YES I NO TU 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20g ACCIDENT WAS UNDERLYING F OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF NJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or fown) (State) (County) factory, street, office bldg., etc.) Hour a.m. While Not while of work of wark p. m. 1962, that (1) (we) last 2) I certify that (I) (this haspital) attended the deceased from. 19 6 7 and that death accurred at 2 M, fram the causes and on the date stated above saw the deceased alive on 22a S GNATURE 22b DATE SIGNED M.D. DIRECTOR . Ped DIRE 22d, ADDRESS 22c PHYSICIAN'S NAME (Type) FUNER page 3 the Stat 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) 23a BURIAL, CREMATION, (Stote) REMOVAL (Specify) RVD Fountain Cem. Worton, Md. (Bigwoods) Ruria 0 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 25g REC'D BY REGISTRAR Chestertown, Md. Circles & There 15M 9/59





Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND ERTIFICATE OF DEATH - Item 4 Film Gotz 5/1/62 LWR 12. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH e. COUNTY b. COUNTY Kent Gecil MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest lown) write RURAL and give nearest town) Hacksboint ear Kentmore Park d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp to, give street eddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middle DATE DECEASED DEATH April Earl Jerome (Type or print) 62 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8 DATE OF BIRTH 19. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthdey) | Months WIDOWED D VORCED [ Male 10e USUAL OCCUPATION (G va kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stelle or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)
Lt. Md. State Police U.S.A. pages 1 Maryland 13. FATHER'S NAME I 14. MOTHER'S MAIDEN NAME LUINGSOR 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, pg, or unkown) [ (If yes give wer or detes of service)] Tr. Cox. Md. State Police 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN along -ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) uld be e. in pencil it s Office ale aburial-tr Drowning. short DUETO Deceased went out fishing. his nets in the Sassafrass Conditions, if eny, which River near Kentinore Pk, Md. 4/1/62 about 3:53PM. It is geva rise to immediate cause pending"
caminer's
used as a Rhown whad blew up about 5PM. His empty boat was found word "pen-ical Examiner's (a), stating the underlying All efforts of recovery of the body failed part in other's on Ficant conditions contributing in the river by Stansfield wright, performed? Call be o uld be cremati YES NO of Early 11e, Md. about 5PM 4/15/62.

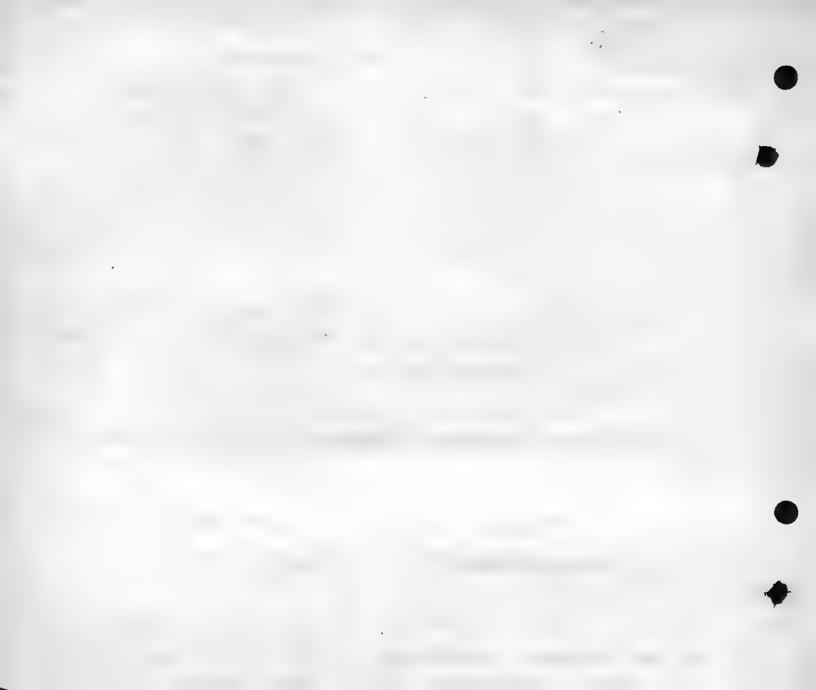
20b. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Port II of Hom 18.) PRIMARY OF CONTRIBUTING See above 20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED , 2De. PLACE OF INJURY (Hame, ferm, 201. (City or town) (County) (Stata) See above nr. Kentmore Pk. about 5 ourx Whi.e Not Whi.e prior d 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection | 🖢 Inquiry and in my opinion 20 Natural causes Accident . Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER EXAMINER'S Robert W. Farr, M. D. NAME (Typa) Address (Street, city, lown, or county) 22c. NAME OF CEMETERY OR GREMATORY\_ 22d. LOCATION (City, town, or country) 226 BURIAL CREMATION, 22b. DATE THEREOF (State. REMOVAL (Specify) 240 p Christer Jus ? 2311tt. 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DEATH 8 FilmG511 4/15/62 iwk PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before edm ssign) e. COUNTY MARYLAND b, CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) town) RURAL end give nearest fown) .57 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) IS RES. DENCE ON A FARM? YES NO X 3. NAME OF Middle Month DECEASED (Type or print) 5 SEX IF UNDER 24 HRS. 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 7. MARRIED INEVER MARRIED last birthday) Months Days WIDOWED 7 DIVORCED 10a USJAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS or fore an country) done during most of working life, even if retired) a attending pl Then please oval, and in a 13. FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes give we ror detes of service) NO 18. CAUSE OF DEATH (Enter only one cause per ing for (a), (b), and (c) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Artendulari gave rise to immediate cause **DUE TO** (a), stelling the underlying PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION as 20b. DESCR BE HOW INJURY OCCURED. (Enter nature of injury in Port I or Part II of item 18.) 20a ACC DENT WAS UNDERLYING TH OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 1 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Stele) factory, streat, office bldg., etc.) Hour e.m. While Not While et work et work 21. I certify that (I) (this hospital) attended the deceased from. 1962, and that deeth occured at6.30 M, from the causes and on the dete stated above. saw the deceased alive on... 225, DATE ATTENDING STAFF PHYS. DIRECTOR PHYS 22c PHYSICIAN S NAME (Type) 23a, BURIAL, CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (Stella) ಕಿಂಕಡಿ 25a, REC'D BY REGISTRAR (25b, REGISTRAR'S SIGNATURE VR A15 (4) DATE arthur & Henra

RTMENT OF HEALTH



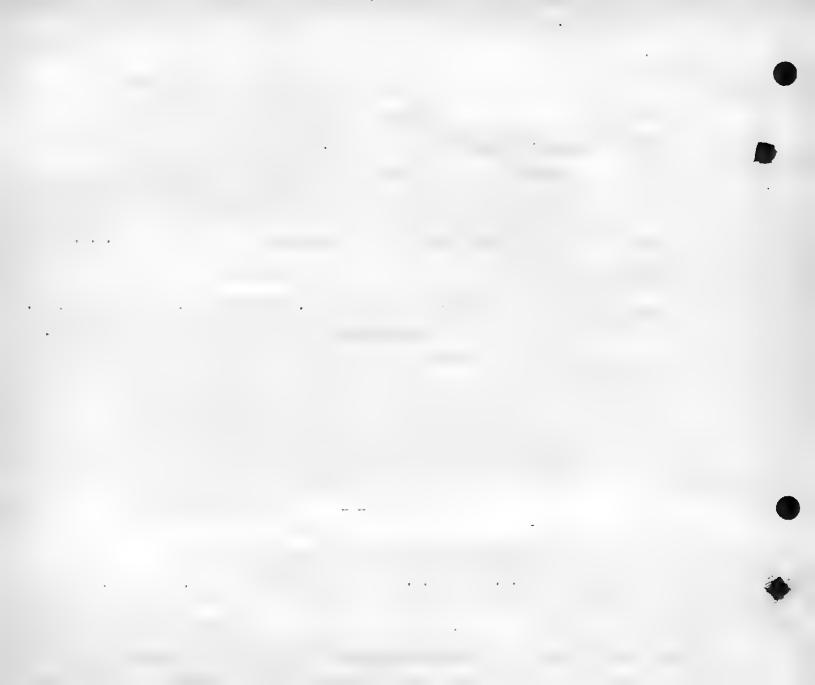
1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
on, ion		MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. 0464
cremo	(Ni)	1. PLACE OF DEATH  o. COUNTY  Kent  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odmission)  o. STATE Maryland  b. COUNTY Queen Anne
Poge buriol,	, ,	b. CITY OR TOWN He outside corporate limits, write RURAL ond give neorest town)  chestertown  c. CITY OR TOWN (If outside corporate limits, write RURAL ond give neorest town)  Chestertown  Chestertown
r is nec irector.	,	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  Kent & Queen Anne Hosp.  d. STREET ADDRESS  RFD #1 Box 71A Millington  e. IS RESIDENCE ON A FARM? YES NO EXTENDED.
nerol d you		3. NAME OF
h. If or the furned for the for the fire		5. SEX Male  6. COLOR OR RACE 7. MARRIED   NEVER MARRIES   8. DATE OF BIRTH COlored WIDOWED   DIVORCED   NOV. 2, 1940  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 Hrs.
er deof ond 3 to be retoin nd 2 with	( }	10c. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) Usa Usa
ours offices 1, 2, 5 moy k		13. FATHER'S NAME George Martin 14. MOTHER'S MAIDEN NAME Daisy Cross
in 24 h		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Pondtown 217-42-5934 Daisy Munroe Millington RFD Pondtown
o 18. Girm PM3.		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Brain Damage as result of fractured skull Onset and Death 2 hrs.
in Herr with for	1	Conditions, if ony, which) (b) Auto accident route # 290 Queen Anne Co
hould be pencil		gove rise to immediate cause (c), stating the underlying DUE TO (c).
ficote s ding" ir Office sed os c	>	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
d 'pen ominer'		200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1 or Port 1 of item 18.)  Hit by auto while walking down road
e worder of a short	17	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 80e PLACE OF INJURY (Home, form, 120f. (City or fown) (County) (Slote) 11.30p. m. 4/28/612 While Not while at work see above RFD Crumpton, Md. Q.A. Co
wrid nief Med	•	21. I certify that I tack charge of the remains described above, held an Autopsy, Inspection, Inquiry, and find that death resulted from: Natural causes, Accidenty, Suicide, Hamicide, Undetermined cause
ficote, the Chilling		ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER []
UTY M	10000 J	EXAMINER'S C. R. Layton, DEPUTY MEDICAL EXAMINER 4/29/62  DEPUTY MEDICAL EXAMINER 1  DEPUTY MEDICAL EXAMINER 1
cute 1 forw 10 FUN		220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (\$1010)  BUT 13 Pecify) A 5/1/62 Mt. Pleasant Cem. near Crumpton, Md.
VS. A15ME(5	) .	23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  Chestertown, Md.  DATE MAY 1 162  ADDRESS  Chestertown, Md.  DATE MAY 1 162



## ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) a. COUNTY b. COUNTY Kent Maryland Kent MARYLAND b. CITY OR TOWN (if outs de corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neeres! lown) write RURAL and give nearest town) Chestertown Lifetime Route 2. hrs.40 min.X Chestertown d NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES 📉 NO Anne's Hospital 3. NAME OF 4. DATE Yeer DECEASED OF Alverta (Type or print) Tvlden Nicholson DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years IF UNDER 1 YEAR I. B. DATE OF SIRTH IF JNDER 24 HRS. last birthday) , Months , Hours Female WIDOWED TO DIVORCED attending physician Then please remove 10s. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or lore gn country) | 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME that the death Alverta Brice James L. Beck 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. (Yes, no, or unkown) ; (If yes give war or dates of service) 217-36-1311 J. Laurance Nicholson, Chestertown the 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Coronary Infarct -16 hours-DUE TO Conditions, if eny, which (b) Coronary artery disease vears gave rise to immediate cause **DUE TO** (e), stating the underlying Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 1 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO TE 20s. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH 20b. DESCR BE HOW INJURY OCCURED, (Entar neture of mury in Part | or Pert II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL (Stete) 20e. PLACE OF INJURY (Home, farm, 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20f. (City or town) factory, street, office bldg., atc.) While Not While Hour a.m. at work et work saw the deceased alive on Appil. 1.3. ....19....(2), and that death occurred and tremathe causes and on the date stated above. 22e, SIGNATURE ATTENDING SIGNED cicle MD. PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) A.C. Diek Chestertown. Maryland 23a. BURIAL, CREMATION, | 23b DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) REMOVAL (Specify) 0 St. Paul Cemetery hear Chestertown, Md. 4/15/62 Burial Chestertown, Maryland REC'D BY REGISTEAR 256. REGISTRAP SPRINGERALULE VR A15 (4) DATE



ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before edimission) 1 PLACE OF DEATH a. COUNTY b. COUNTY Kent Maryland Kent MARYLAND c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) E. LENGTH OF STAY IN 16 b. CITY OR TOWN (if outside corporate limits. write RURAL and give negrest town) 9" Rock Hall Chestertown **2**4 hrs a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO X Queen Anne's Hospital Rt. #1 3. NAME OF Last 4 DATE Month Day Year Middle DECEASED George Mifflin Rochester DEATH (Type or print) 9. AGE (In years | IF UNDER 1 YEAR. IF JNDER 24 HRS. 5. SEX 6. COLOR OR RACE | 7. MARRIED NEVER MARRIED DATE OF BIRTH 1894 last buthday) Months | Days Hours Male Negro DIVORCED [ WIDOWED [ physician 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (County & State, or lore on country) done during most of working life, even if retired) U.S.A. Maryland Vita Food Laborer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ding Clayton Rochester Louisa Banks effenc 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknwn) | (Il yes give war or dates of service) Angeline J. Rochester, Rt. #1, Rock Hall, Md. 216-14-9741 INTERVAL BETWEEN 18. CAUSE OF DEATH [finter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY Cerebral hemorrhage hrs. IMMEDIATE CAUSE (e) DUE TO Arteriosclerosis Not known Conditions, if eny, which gave rise to immediate cause DUE TO (a), stating the underlying PART I, OTHER S GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Peril or Part I of Item 18) 20a. ACCIDENT WAS UNDERLYING I 1 OR CONTRIBUTING [ ] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2DI. (City or town) (County) (Slete) 20c. TIME OF INJURY 20d INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, Month, Day, Year lactory, street, office bldg., etc.) While Not While Hour e.m. el work at work 1962 10.4-9 1962., that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 62, and that death occurred at 4.50%, Brom othe causes and on the date stated above saw the deceased alive on. . . ..... 220. SIGNATURE 5 GNED ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c PHYSICIAN'S A.C. Dick, M.D. Chestertown, Kent, Maryland. NAME (Type) 23d LOCATION (City, lown or county) (Stefe) 23c. NAME OF CEMETERY OR CREMATORY 238. BURIAL, CREMATION, 235 DATE THEREOF 高量 REMOVAL (Spec fy) Edesville Cemeterv hear Rock Hall, Md. 0 Buria 25s. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE VR A15 [4] T5M 7 61 acting & Kings



MARYLAND STATE DEPARTMENT OF HEALTH



1		MARYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND  CERTIFICATE OF DEATH  04648
lled in by the funeral ages 1 and 2 should is after death.	M	PLACE OF DEATH  COUNTY  Kent  MARYLAND  D. CITY OR TOWN (if outs de corporete limits, write RURAL end give neerest town)  Millington  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel give street eddress)  2. USUAL RESIDENCE (Where decessed lived, if institution; Residence before edm ssion as STATE  B. COUNTY  Md  C. CITY OR TOWN (if outs de corporete limits, write RURAL end give neerest town)  Millington  d. STREET ADDRESS  G. IS RESIDENCE (Where decessed lived, if institution; Residence before edm ssion as STATE  B. COUNTY  Md  C. CITY OR TOWN (if outs de corporete limits, write RURAL end give neerest town)  MILLINGTON  d. STREET ADDRESS  G. IS RESIDENCE (Where decessed lived, if institution; Residence before edm ssion as STATE  b. COUNTY  Md  C. CITY OR TOWN (if outs de corporete limits, write RURAL end give neerest town)  MILLINGTON  d. STREET ADDRESS
cian and comp ove carbon pages, Pagevent, Wilhin 72 hours		3. NAME OF DECRASED (Type or print)  5. SEX  6 COLOR OR RACE 7. MARRIED NEVER MARRIED
tending physic on please remote I, and in any o		Farming Retired. Farming Md. U.S.A.  13. FATHER'S NAME  Samuel Tibbitt  Annie Jackson  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT  Address
affending physician.  nas been signed by the at burial-transit permit. The ial, cremation, or remova		(Yes, no, or unknown) (Ifyesgivewarordelescriservice)  No.  218-05-8181 Charles H. Tibbitt, Son. Millington Md.  IB. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]  PAT 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO  Conditi s. If eny which (b)  gave resto immediate ceuse (e), stelling the underlying course lest.  (c)
fer this certificate the ched for use as the Health prior to but	٥	PART II. OTHER SIGNIF.CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19, WAS AUTOPS PERFORMED?  20e. ACCIDENT WAS UNDERLYING 20b. DESCR.BE HOW IN, URWOCCURED. (Enter neitre of injury in Part I or Part II or Pa
DIRECTOR: A 3 should be deta ne State Dept. of		21. I certify that (I) (this hospital) attended the deceased from. Ich 14
director, page to filed with the	1	22c. PHYSICIAN'S NAME (Type) C.H. Metcalfe  23o. BURIAL, CREMATION 23b. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (61y, town or county)  REMOVAL (Specify)  Burial April, 14, 1962 Millington Cemetery Millington, Kent Co; Md.
VR A15 (4) 1SM 9/60	90	22 ADDRESS SIGNATURE DATE RPR 17 762 7-14 & KNOWN

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY e. STATE Maryland b, COUNTY Kent Kent the day MARYLAND b, CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) and give neerest town) (Edesville) Rock Hall lifetime Rock Hall d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) . IS RESIDENCE ON A FARM Rural Rural At home YES NO X executed 3. NAME OF First Middle 4. DATE Year DECEASED Wesley OF Apr. 2, 1962 James comple Henry (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) and male colored 1882 WIDOWED X 1De. USUAL OCCUPATION (Give kind of work 1Db, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if religed!
Laborer various USA Kent Co. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death Wesley Hester James 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (Ifyes give war or dates of service) none Otho Wesley - Rock Hall, Md. RFD 18. CAUSE OF DEATH Enter only one ceuse per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH Senility PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) **DUE TO** Conditions, If any, which gave rise to immediate cause DUE TO (a), stelling the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO X YES 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of Item 18.) 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAS After 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 1 (County) (State) Month, Dey, Yeer fectory, street, office blda. etc.) Not While et work at work Dec. 21. I certify that (I) (this hospital) atlended the deceased from.... ...., 19....., that (I) (we) last saw the deceased alive on 4/1/62 and that death occurred at  $3_{\Delta}$ ...M, from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE ATTENDING SIGNED noine Kester DIRECTOR PHYS. PHYS. Rock Hall, Md. 22c. PHYSICIAN'S Eugene Kester NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a, BURIAL, CREMATION, 23b, DATE THEREOF (State) death. Rock Hall, Md. 4/6/62 RFD Sharptown Cem. 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **ADDRESS** VR A15 (4) Chestertown, Md. Circung J. Times 15M 9/60

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